

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$152.75 for date of service 10/26/01.
- b. The request was received on 02/04/01.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution dated 04/05/02
 - b. HCFA(s)-1500
 - c. TWCC 62 forms
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (4), the Division forwarded a copy of the requestor's additional documentation to the carrier on 04/08/02. The respondent did not respond to the additional documentation. It's initial response is reflected in Exhibit II.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: The requestor states in the correspondence dated 04/05/02, "The insurance carrier sent a supplemental payment in the amount of \$47.25 for the disputed code, but we feel this code should be reimbursed in full because we feel the charge is fair and reasonable. \$152.75 is still due from the carrier for this code."
2. Respondent: The carrier submitted the initial response on 02/07/02. The insurance carrier representative stated in a telephone call on 06/27/02 that a 14-day response was not submitted.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 10/26/01.
2. The carrier denied the service by denial codes:
 "G - This procedure is included in another procedure performed on the same date of service";
 "M - The amount charged exceeds the maximum usual and customary fee for the same service(s) in the same geographic area.";
 "N - The supplies/procedures require a description prior to reimbursement."
 There are no other EOB(s) or medical audits noted, therefore, the Medical Review Division's decision is rendered based on the denial codes submitted to the provider submitted prior to the date of this dispute being submitted.
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Codes	MARS	REFERENCE	RATIONALE:
10/26/01	01999	\$200.00	\$47.25	G,N,M	DOP	MFG SGR (I) (A) (3); GI (III) (A); 413.011 (d); CPT descriptor	<p>"Starred (*) surgical procedures are not subject to global fee concept." Both primary procedures (64442 and 64443) are starred procedures. 01999 is not a global procedure.</p> <p>The medical documentation meets DOP criteria.</p> <p>Recent SOAH decisions have placed minimal value on EOB(s) for determining fair and reasonable reimbursement. The willingness of some carriers to reimburse billed charges does not necessarily document that the billed amount is fair and reasonable and does not show how effective medical cost control is achieved, a criteria identified in Sec. 413.011 (b) of the Texas Labor Code. The EOB(s) provide minimal evidence of amounts paid on behalf of managed care patients or on behalf of other non-workers' compensation patients with an equivalent standard of living. The burden of proof remains on the health care provider to prove that the fees paid were not fair and reasonable. Therefore, based on the evidence available for review, the provider has not met that burden of proof. The provider is not entitled to additional reimbursement.</p>
Totals		\$200.00	\$47.25				The Requestor is not entitled to additional reimbursement.

The above Findings and Decision are hereby issued this 28th day of June 2002.

Donna M. Myers, B.S.
 Medical Dispute Resolution Officer
 Medical Review Division
 DMM/dmm

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.